

NATIONAL Assessment Centre Services

Date In: 05/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008231/13	SAS e-filing		
Veh No: 5JM30B	E-mail (within 8hrs, A/C 2hrs)		
DOA: 04/05/18 2030	i-Motor Claim Form	105/0993109-001	
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	4-51	Tel:	Fax:
TP Particulars:	Veh No: 5LQ2139P	INC () / Non-INC ()	
Owner / Driver: (		Tel:	
Policy No: (		Period: (	Cover Type: (
Confirmed by: (		Date:	Time:
Insured/Driver Liability: (	%	[Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Year of Registration: (		Warranty: YES () / NO ()	
Excess: (\$		Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
NA1802818		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date/	Fee Charged	

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/05/2018 14:55
Date Of Accident	04/05/2018 20:30
Exact Location Of Accident	PIE TWDS CHANGI AFT EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM30B
Insured/Policyholder	
Name Of Registered Owner	ATLANTIS LIMO
Co Reg No	53352283L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96181132

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097385857
Cover Note Number	

Driver

Name of Driver	QUEK SOON GUAN LAWRENCE
NRIC No	S1648245E
Date Of Birth	02/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96181132
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	30 LORONG 105 CHANGI
Postcode	426518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ2139P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

QUEK SOON GUAN LAWRENCE

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJM30B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

ATLANTIS LIMO

53352283L

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

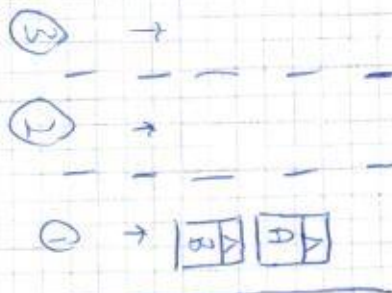
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS CHANGI AFTER Eunos LINK RD EXIT

A-SJM30B

B-SLQ2139P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE TOWARDS CHANGI on the extreme right lane of 3-lanes, expressway. Somewhere after Eunos Link rd exit, Vehicles in front of me slowed down, As such I applied brake and slowed down as well. Out of sudden, veh(B) front portion from my rear collided onto my rear portion. Thereafter, we alighted and exchanged particulars.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

ATLANTIS LIMO
53352283L

sfym 05/05/18

Vehicle No.	SJM 30B		Model / Make	Toyota Picnic
Date of Accident	4/5/18			
Time of Accident	20:30		HRS	
Location of Accident	PIE TOWARDS CHANGI AFTER EUNOS LINK EXIT.			
Exact purpose use during accident	Working hours.			
Name of Owner	ATLANTIS LIMO			
Telephone No.	H/P : 9618 1132	Home :	Office :	
NRIC	S335 2283L			
Address	30 LORONG 105 CHANGI S(426518)			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	NTUC			
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft			
Policy No.	5097385857			
Name of Driver	As Above If No, Quek Soon Guan Lawrence			
NRIC	S1648245E		Any Passengers : 2 (MALE), 1 (FEMALE)	
Date of birth	02/09/1964			
Occupation	<u>Outdoor</u> / Indoor			
Driving License Pass Date	23/03/1982			
Gender	<u>Male</u> / Female			
Contact No.	H/P : 9618 1132	Home :	Office :	
Address	30 LORONG 105 CHANGI S(426518)			
Driver have any own vehicle	<u>No</u> , If yes, Reg No.			
Relationship	<u>Employee</u> , If no, state <u>OWNER</u> .			
Weather condition	<u>Clear</u> Raining Other			
Road Surface	<u>Dry</u> Wet Other			
Any Injuries	<u>No</u> , If <u>Yes</u> , Who?			
Name And Contact No.	Quek Soon Guan Lawrence.			
Name And Contact No.				
Police Report	<u>No</u> , If Yes, Where?			
Vehicle B No.	SLQ 2139P		Any Passengers : <u>UNKNOWN</u>	
Name of Driver	<u>unknown</u>		Contact No. : <u>unknown</u>	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	<u>Rear</u> Portion			
Camera Recorder	Yes / <u>No</u>			
Email Address				
PARTICULAR WORKSHOP	N-51 Automotive PTE LTD.			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Jun Ming			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1648245E



Name

QUEK SOON GUAN LAWRENCE

Race

CHINESE

Date of birth

02-09-1964

Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1648245E
Name

QUEK SOON GUAN LAWRENCE

Birth Date: 02 Sep 1964

Issue Date: 07 Feb 2004



Land Transport Authority

VOCATIONAL LICENCE

Licence No : S1648245E

Name : QUEK SOON GUAN
LAWRENCE

Issue Date : 20/7/2005

Please visit www.lta.gov.sg to check
the status of this vocational licence

5600714



NRIC No. S1648245E



Date of issue

29-04-2016

Address

30 LORONG 105 CHANGI
SINGAPORE 426518

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Mar 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Nov 1985
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	25 Jan 1986

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	18/08/1997
02	TAXI VL	11/06/1997
04	BUS ATTENDANT	18/08/1997



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097385857

Cover : drive CLASSIC

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SJM30B |
| Chassis Number | : JTEGH23B800026258 |
| 2. Name of Policyholder | : ATLANTIS LIMO |
| 3. Effective Date of Insurance | : 23 Jan 2018 |
| 4. Expiry Date of Insurance | : 22 Jan 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

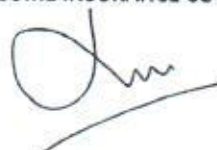
Agency : HOBBS INSURANCE AGENCY (00000572363)
 Date of Issue : 15 Jan 2018 12:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SJM30B
Vehicle Type :	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	PICNIC AUTO W/O ROOF RACK
Chassis No. :	JTEGH23B800026258
Propellant :	Petrol
Engine No. :	1AZ5844612
Engine Capacity :	1998 cc
Maximum Power Output :	110.0 kW (147 bhp)
Maximum Laden Weight :	2185 kg
Unladen Weight :	1540 kg
Year Of Manufacture :	2008
Original Registration Date :	23 Jan 2009
Lifespan Expiry Date :	-
COE Category :	B - Car (1601cc & above)
Quota Premium :	\$200.00
COE Expiry Date :	22 Jan 2019
Road Tax Expiry Date :	22 Jan 2019
PARF Eligibility Expiry Date :	22 Jan 2019
Inspection Due Date :	22 Jan 2020
Intended Transfer Date :	14 Jul 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Claim Handling

Accident MT/0993109

Policy No.	5097385857	Vehicle No.	SJM30B	GST Registration No.	
Policyholder Name	ATLANTIS LIMD			Policyholder NRIC	53352283L
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96181132	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes
Accident Details					
Report Date	05/05/2018 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/05/2018	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI AFT EUNOS LINK EXIT				
Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	30 LORONG 105 CHANGI	Address 2	SINGAPORE 426518	Address 3	SINGAPORE 425500
Address 4		Address Type	Singapore address	Post Code	426518
Unit No.		Related Policy Number	5097385857		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	QUEK SOON GUAN LAWRENCE	Driver NRIC	51648245E	Driver DOB	02/09/1964
Register Date of Driver License	23/03/1982	Driver Age	53	Driving Experience	36
Contact No.(Mobile)	96181132	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	30 LORONG 105 CHANGI	Address 2	SINGAPORE 426518	Address 3	
Address 4		Address Type	Singapore address	Post Code	426518
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ATLANTIS LIMD	Insured NRIC	53352283L
Contact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJM30B	TP Vehicle Number	SLQ2139P
Claim Description	SJM30B / SLQ2139P ON 4 May 2018			Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	05/05/2018 00:00
Date Registered	05/05/2018 15:20	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0993109	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/05/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

5/5/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	SAS	Normal	SAS 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 15:20	Photos	Normal	Photos 2018-5-5

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading